

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service (DOS) 10/15/01, 10/31/01 and 12/05/01?
- b. The request was received on 01/31/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution
  - b. Provider marked exhibits 1-12
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60
  - b. EOBs
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/28/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/02/02. The only response from the insurance carrier was received in the Division on 02/01/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: The provider has not received proper reimbursement for services associated with an epidural steroid injection.
2. Respondent: The carrier has reimbursed the provider properly.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307 (d)(1&2), the only dates of service eligible for review are 10/15/01, 10/31/01 and 12/05/01.

2. The carrier's EOBs have the denials, "F – SUBMITTED DOCUMENTATION INDICATES THAT THE LISTED SERVICE DOES NOT MEET THE CRITERIA IDENTIFIED IN THE FEE GUIDELINE GROUND RULES AND/OR CODE DESCRIPTION FOR REIMBURSEMENT", "D – REIMBURSEMENT FOR UNILATERAL OR BILATERAL PROCEDURES IS BEING WITHHELD AS THE MAXIMUM NUMBER OF OCCURENCES FOR A SINGLE DATE OF SERVICE OR MAXIMUM LIFETIME FOR THE CLAIM HAS BEEN EXCEEDED", "M – REDUCED TO FAIR AND REASONABLE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS           | CPT CODE | BILLED   | PAID     | EOB Denial Code | MARS | REFERENCE  | RATIONALE:  |
|---------------|----------|----------|----------|-----------------|------|--|---|
| 10/15/01      | 76499-27 | \$300.00 | \$0.00   | F, D            | DOP  | MFG, GI (I)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01  | The TWCC Advisory 97-01 states, "...When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, <b>such procedures</b> (emphasis added) are considered part of the service and should not be billed separately." The procedure in dispute is an epiduragram and is a procedure that should not be reimbursed separately. Therefore, no reimbursement is recommended.   |
| 10/31/01      | 76499-27 | \$650.00 | \$105.60 | M               | DOP  | MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01 | The CPT descriptor states, "Unlisted diagnostic radiologic procedure." The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy) and epiduragram. The MFG GI (I)(A) states, "... (TWCC) has incorporated usage of the ... (AMA's) 1995 ... (CPT) codes". The MFG has CPT code 76000 which has the descriptor "Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy)". The TWCC Advisory 97-01 states, "...When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, <b>such procedures</b> (emphasis added) are considered part of the service and should not be billed separately." The epiduragram is a procedure that should not be reimbursed separate from the fluoroscopy. The CPT code 76000 is sufficiently descriptive of the performed procedure and the MAR value of 76000-27 is \$88.00, an amount less than the carrier has already reimbursed. The EOBs submitted by the provider showing a higher rate of reimbursement by other carriers do not show how effective medical cost control is achieved, a criteria of Sec. 413.011(b) of the Texas Labor Code. Therefore, no additional reimbursement is recommended. |
| 12/05/01      | A4649    | \$25.00  | \$0.00   | D               | DOP  | MFG, SGR (V)(B)(1-3)   | The referenced SGR discusses the billable CPT codes for surgical procedures performed in a doctor's office. They are CPT codes 99070-ST, 99070-AS & 99499-RR. The CPT code in dispute is not one of the billable codes. Therefore, no reimbursement is recommended.   |
| <b>Totals</b> |          | \$975.00 | \$105.60 |                 |      |  | The Requestor is not entitled to additional reimbursement.  |

The above Findings and Decision are hereby issued this 10<sup>th</sup> day of September 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division